

NOTICE TO THE STATE CONTROLLER OF PAYROLL DEDUCTION AUTHORIZATION

The State Controller is hereby authorized to add, delete, or change the payroll deduction for the below-named employee.

(PRINT OR TYPE BELOW)

NAME OF COMPANY OR ORGANIZATION

EMPLOYEE IDENTIFICATION		
Social Security Number	Initial	Last Name

DEDUCTION INFORMATION							
Deduction Code	Organization Code	Deduction Amount	Type of Change (check ONE box)			Pay Period	
			NEW	DELETE	CHANGE	Month	Year
			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		

I CERTIFY THAT AUTHORIZATION FOR PAYROLL DEDUCTIONS SIGNED BY THIS EMPLOYEE AND APPOINTING THE ABOVE-NAMED COMPANY OR ORGANIZATION AS HIS/HER AGENT IS ON FILE IN THIS OFFICE.

DATE

SIGNATURE OF AUTHORIZED COMPANY OR ORGANIZATION OFFICIAL

Send to: State Controller's Office, Personnel/Payroll Services Division, PO Box 924850, Sacramento CA 94250-5878, Attn: Miscellaneous Deductions Unit.

FORM CD88 COMPLETION INSTRUCTIONS

The Form CD88 must be completed (typed or hand written in legible form) as outlined below to add, change the amount, or delete the employee's deduction.

**NOTICE TO THE STATE CONTROLLER
OF PAYROLL DEDUCTION AUTHORIZATION**

The State Controller is hereby authorized to add, delete, or change the payroll deduction for the below-named employee.

(PRINT OR TYPE BELOW)

NAME OF COMPANY OR ORGANIZATION				
(A)				

EMPLOYEE IDENTIFICATION				
Social Security Number	Initial	Last Name		
(B)	(C)	(D)		

DEDUCTION INFORMATION				
Deduction Code	Organization Code	Deduction Amount	Type of Change (check ONE box)	Pay Period
(E)	(F)	(G)	<div style="display: flex; justify-content: space-around;"> <div>NEW 1 <input type="checkbox"/></div> <div>DELETE 2 <input type="checkbox"/></div> <div>CHANGE 3 <input type="checkbox"/></div> </div>	<div style="display: flex; justify-content: space-around;"> <div>Month (I)</div> <div>Year (J)</div> </div>
			(H)	

I CERTIFY THAT AUTHORIZATION FOR PAYROLL DEDUCTIONS SIGNED BY THIS EMPLOYEE AND APPOINTING THE ABOVE-NAMED COMPANY OR ORGANIZATION AS HIS/HER AGENT IS ON FILE IN THIS OFFICE.

(K)

DATE

(L)

SIGNATURE OF AUTHORIZED COMPANY OR ORGANIZATION OFFICIAL

FORM CD88 (rev. 3/90) PAYROLL DEDUCTION AUTHORIZATION

- (A) Name of Company or Organization**
Enter the deduction client name as recorded with SCO.
- (B) Social Security Number**
Enter the employee's Social Security Number.
- (C) Initials**
Enter the employee's first and middle initials.
- (D) Last Name**
Enter the employee's full last name.
- (E) Deduction Code**
Enter your assigned three (3) digit Deduction Code number.
- (F) Organization Code**
Enter your assigned three (3) digit Organization Code number.
- (G) Deduction Amount**
Enter the total *monthly* amount that is to be withheld from the employee's pay. Leave blank when deleting.
- (H) Type of Change**
Check only one box: NEW, DELETE, or CHANGE.
- (I) Pay Period - Month**
Enter the numerical month of the effective pay period (e.g., '01' for January).
- (J) Pay Period - Year**
Enter the last two digits of the year (e.g. '94' for 1994).
- (K) Date**
Enter the date the form was completed.
- (L) Signature of Authorized Company or Organization Official**
Must be the original signature of the person authorized to sign Form CD88.

Mail to: State Controller's Office
Personnel/Payroll Services Division
Attn: Miscellaneous Deductions Unit
PO Box 942850
Sacramento, CA 94250-5878

(Rev. 5/94)